(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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JUL 25 2018

NEW HAMPSHIRE PARTMENT OF STATE

I. Name of Lobbyist(s) DEPARTMENT O
II. Name of lobbyist's partnership, firm or corporation, if any:
N.H. Timberland Owners Association
(Name of partnership, firm or comporation)
Sy Tortsney L. G. Cord NH 03301 Business Address: (Street) (Town/City) (State) (Zip Code)
(zip code)
(63) 224-9699 (63) 225-578 e-mail Stock@nhtoa.org
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
N.H. limberland Owners Association
(Full Name of Client as it appears on the Lobbyist Registration Form)
OR The state of th
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
DV Data of Bonord
IV. Date of Report April 25, 2018 Suly 25, 2018 July 25, 2018 activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18
October 31, 2018
activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or
Expense. Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contribution
11 you, your firm, or your failing has made pointed contributions, you must me Addendum C- Fortical Contribution
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
and complete to the best of my knowledge and benefit
1.1/ 23, 2018
(Signature of lobbyist) (Date)
τ

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE

I. I	Name of Lobbyist(s) Jasen A. Hock	
H.	Name of lobbyist's partnership, firm or corporation, if any:	1
\overline{N}	(Name of partnership, firm or corporation)	ociation
Ш	. Name of Client NH Timberland Owners Ass	Soc. Date 7/23/18
Ind to inc	Fees Received licate the gross amount of all fees received from the client identified above lobbying, including fees for services such as public advocacy, government luding research, monitoring legislation, and related legal work. The graced by any expenses:	it relations, or public relations service
a)	Total of all fees received in this reporting period	a) \$ 13, 752.95
b)	Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 12, 111. 52
c)	Total of all fees received to date (Add lines a and b)	c) \$ 25, 864.47
d)	Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
	Expenses: hbyist(s)/Lohbying partnerships firms or corporations are required to re	nort all expenses made from Johnvin

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- c) Total of all itemized expenditures reported in detail in section VI.

b) \$ ______

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 15, 933.50 e) \$ 16,212.50 f) \$ 32, 146
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 16,212.50
f) Total of all expenses year to date	ns 32, 146
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	,
Paid to:	Amount:
	s
	\$
	\$
	\$
	\$
	\$
·	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	July 25 2018
Jasen A. Sock	· (Date)
(Print Name of lobbyist)	

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JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or_ Expense Reimbursement Addendum B

(RSA Chapter 15:6)

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JUL 25 2018

NEW HAMPSHIRE

1. Name of Lobbyist(s) Jase A. Stock DEPARTMENT OF	IRE STA
II. Name of lobbyist's partnership, firm or corporation, if any: (Name of partnership, firm or corporation) III. Name of Client N. H. Timberland Current 1550c. Date 7 23 18	
State the full name of the person receiving the honorarium or expense reimbursement: Last Name First Name Middle Name/Initial	
What is the value of the honorarium or expense reimbursement? \$ 384.95	
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).	
April 3, 9, 10, 11, 18, 20, 24, 25, 26, 30; May 1, 7, 14, 15, 17; June 1, 11, 27, 28, 29	nent (e.g.
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.) Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist) (Print Name of lobbyist) (Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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JUL 25 2018

I. Name of Lobbyist(s)	Jason A	, Stock	NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's part	tnership, firm or co	rporation, if any:	DEL ANTINICITE OF STA
NH Timber	and Own	ers Associa	t.ren
(Name of parts	nership, firm or corporation)	,	/ /
III. Name of Client NH	/inbula	d Owners Disac.	Date
Political Contributions			,
For each political contribut client/lobbyist and lobbying	ion that is reportable	e pursuant to RSA Chapter 6	64 paid on behalf of the
and roody in	5 mm, materia me n	onowing.	
Full name of candidate:	Ward	1 to the	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	50	Office Candidate is See	king State Jenak
actual cost of the in-kind contr	ribution on the line abo	e a description of the goods or ove for amount of contribution	services provided, and enter the If the actual cost is not known,
enter an estimated value and the	he word "estimate."		
Full name of candidate:	Serate	Prophysia ha	PAC
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	00	Office Candidate is Seel	ting
If the contribution is an in-kine	d contribution, provide	a description of the goods or	services provided, and enter the
actual cost of the in-kind contrenter an estimated value and the	ribution on the line abo	ove for amount of contribution.	If the actual cost is not known,
	io word ostimate.		
			
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Seek	ing

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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JUL 25 2018

I. Name of Lobbyist(s)	Josen.	A. 57	ode	NEW HAMPSHIRE
II. Name of lobbyist's par	tnership, firm or cor	poration, if any;	\	DEPARTMENT OF STAT
Name of part	bedad Concernion)	Duner As	sociation.	·^
III. Name of Client NY	· Timberdand	Owners Ass	Date 7	133/18
Political Contributions				, ,
For each political contribution client/lobbyist and lobbyin			ter 664 paid on b	ochalf of the
Chemoloboyist and loobyin	g mm, marcate the for	nowing.		
		\		
Full name of candidate:	Bradley	Jeb		
	(Last Name)	(First Name)	(Middle Nan	
Amount of contribution \$	50	Office Candidate is	s Seeking Shat	e Denate
actual cost of the in-kind contenter an estimated value and		ve for amount of contribu	ution. If the actual	cost is not known,
	Λ ,	1/ ;		
Full name of candidate:	(Last Name)	(First Name)	(Middle Nan	ne/Initial)
Amount of contribution \$	50	Office Candidate is	Sceking Sta	te Sendo
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and	tribution on the line abov			
				
				- 1
Full name of candidate: _	zino I	Dan		
	(Last Name)	(First Name)	(Middle Nan	<u> </u>
Amount of contribution \$	50	Office Candidate is	Seeking 5tc	te denate

If the contribution is an in-kind contribution, provide a descriactual cost of the in-kind contribution on the line above for an enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contri	ibutions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herebis true and complete to the best of my knowledge and be	
(Signature of lobbyist) (Print Name of lobbyist)	$\frac{7/25^{-}/18}{\text{(Date)}}$

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: N.H. Timberland Owners Associa
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): N. H. Timberland Owners Association
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) 7/23/18 (Date)
Jasen A. Stock
(Print Name of lobbyist)